

**Group Treatment with Divorced Females
using Cognitive Restructuring
and Imagery Methods**

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Memorandum to Director of Graduate Studies:

This is to certify that Michael Le Compte
has satisfactorily completed the Thesis in the Master of Arts-Psychology
program, and on March 15, 1985, satisfactorily completed
the oral examination on this Thesis in partial fulfillment of requirements
for the Master of Arts degree in Psychology.

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April 19, 1985

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Running head: Cognitive Restructuring

Abstract

This study investigated the effectiveness of cognitive restructuring therapy, a derivative of the Rational Emotive Therapy school of thought, in group counseling with recently divorced females. Twelve clients were assigned to the cognitive restructuring group, while twelve clients were assigned to a psychodynamic based insight oriented group. Twenty-two subjects were assigned to two control groups. Differences between pre-test and post-test, and pre-test and follow-up scores on four measures, including depression measures, self-esteem, and personality measures were taken. Cognitive Restructuring and insight oriented therapy were successful in assessed subject improvement, however cognitive restructuring was more effective in follow-up treatment on all criterion measures except for traitlike depression.

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The best known of the cognitive restructuring therapies is rational-emotive therapy (RET), developed primarily by Ellis (1962). Although RET has historically been the most dominant therapy of this type, recent innovations have been provided by Singer (1974), Raimy (1975), Beck (1976) and Meichenbaum (1977). The basic rationale for cognitive therapy is that emotional distress is a result of self-defeating irrational thoughts with which the person continues to reindoctrinate themselves. "These irrational thoughts seem to fall into three categories, 'awfulizing' self-statements which exaggerate reality, 'shouds, oughts and musts' which reflect unrealistic demands and an 'absolutistic' way of perceiving the world and statements of blame aimed at one's self and others" (Miller and Kassinove, 1978, p. 366). Changes in behavior come about when the person changes their thinking. The newer therapies differ less in ideology from orthodox RET, but have added features which use desensitization, imagery and modeling. The goals of all the cognitive therapies are fundamentally those of helping the client to perceive maladaptive cognitions, realize their detrimental impact, and replace them with more appropriate and adaptive thought patterns.

Although the cognitive therapies have become more popular over the last decade, outcome studies have been sparse and have

not used follow-up data to support the clinical efficacy. The inclusion of placebo control groups to determine the degree of improvement which might be attributed to nonspecific treatment effects has not been explored. Only recently has a sizable body of literature demonstrated that the nature of one's "self-talk" can dramatically influence one's behavior and one's performance on widely varying tasks.

Miller and Kassinove (1978) used a treatment package of rational emotive education plus behavioral treatment and homework assignments with fourth grade children. The children were taught to challenge the eleven commonly held irrational beliefs identified by rational therapists, and the children showed improvement in self-acceptance and coping with disappointment and frustration. Wasserman and Vogrin (1979) found the cognitive restructuring approach used with emotionally disturbed and learning disabled children enhanced their creativity and willingness to take initiative in school situations. Baither and Godsey (1979) treated test anxiety with college students and reported that the cognitive restructuring approach reduced the irrational beliefs leading to anxiety, and students found the approach more useful than a relaxation training approach. Kassinove, Miller and Kalin (1980) effectively used cognitive restructuring in the form of bibliotherapy and audiotape to treat anxiety, and clients reported satisfaction with these self-help treatment modalities, citing that the mental health clinic was attending to their needs even though there was no direct involvement with a therapist. In a study using cognitive restructuring, role reversal and imagery with

adults at a community health center, Lipsky, Kassinove and Miller (1980) reported clients experienced less emotional distress across measures of anxiety and depression. Rosen and Nelson III (1983) reported a study in which clients assigned to a cognitive restructuring and rational self-talk group showed a significant decrease in levels of state anxiety compared to irrational self-talk clients when solving an assembly task. Reporting success with substance addicts, Weiner and Fox (1982) and Hindman (1976) have emphasized cognitive restructuring's application in increasing tolerance to discomfort, and in rechanneling resources and manipulative behavior.

While we are now beginning to see some well controlled demonstrations of cognitive therapies, further studies using placebo control and follow-up data are needed. Studies need to demonstrate the efficacy of cognitive restructuring with specific client populations. Huber (1983) elaborated on the emotional effect of the dissolution of marriage and the necessity of treating individuals' cognitions relating to irrational beliefs' susceptibility after the divorce process. They are prone towards depression, loss of self esteem and are characteristically emotionally labile.

The present study deals with a cognitive restructuring and imagery based approach to treatment with divorced women. The study had three primary aims: (a) to determine the effectiveness of cognitive restructuring and imagery with divorced women, (b) to compare cognitive restructuring to psychodynamic insight therapy and control groups with target population and (c) to determine if

treatment modalities remained effective after a four month time period.

Two basic hypotheses were formulated. It was predicted that there would be a significant difference between both the cognitive restructuring and insight oriented groups when compared to the placebo control and waiting list control groups on post and follow-up assessments. Furthermore it was predicted that there would be a significant difference between the cognitive restructuring group and the insight oriented group on post and follow-up assessments. Comparisons were made on the following criterion measures: Beck Depression Inventory, Lubin Depression Adjective Checklist, Eysenck Personality Inventory and the Rosenberg Self-Esteem Inventory.

Method

Selection of the Sample

The initial sample was drawn from five resort towns within a twenty-mile radius on the Eastern Shore of Maryland and Delaware. Subjects were recruited through ads in local newspapers and through notices in public places (churches, laundrymats, stores, restaurants and hotels) indicating the need for female volunteers to participate in a study of counseling techniques for female divorcees who had been divorced between three months and two years. The notices supplied a phone number for information about participation in the study. Persons who responded were mailed a questionnaire which asked name, address, age, number of children, time period

of divorce, occupation, and educational background.

A review of the returned questionnaires indicated that a larger number had been divorced between eight months and one and one-half years. To obtain an adequate sample size, all who met the criteria of being divorced between eight months and one and one-half years were asked to participate. Subjects were invited to a general meeting which provided some elaboration on the study. Nineteen subjects were lost because they could not attend the sessions. Forty-six women returned for the study and they ranged in age from 23 to 36 years. Subjects were employed between 24 and 40 hours a week. None of the subjects were college graduates but some had attended college. Subjects were informed of three dates and times in which the pre-tests would be administered and subjects were randomly assigned to groups after taking the pre-tests.

Selection of Counselors

Two female master's level students in social work served as group leaders. Both were completing an internship in a family group oriented program in social work. They preferred an insight oriented psychodynamic approach to counseling. Their orientation was verified by the Therapist Orientation Sheet (Paul, 1965). Both counselors had an intensive training program in the two group treatments. Initial training by the experimenters included readings, discussions, listening to tapes and role playing in the use of cognitive restructuring and insight oriented approaches. The

training served to provide the counselors with therapeutic experience comparable to what subjects could expect. During the course of the experiment, periodic meetings were held with the counselors and tapes of the group sessions were played in an attempt to insure that the desired techniques were used. The use of the same counselors in both treatment groups plus the special training controlled for some of the confounding effects of different counselor behaviors.

Criteria

To measure changes in therapy conditions, measures of depression, general neuroticism and self-esteem were obtained. Depression was evaluated as a trait and a state. The more enduring traitlike properties of depression were assessed by the Beck Depression Inventory (BDI; Beck, 1967). The more transient statelike depression properties were assessed by the Lubin Depression Checklist (Lubin, 1967). The Eysenck Personality Inventory (Form A) (Eysenck and Eysenck, 1968) was selected for obtaining a measure of neuroticism. This instrument appeared to be well suited for the study in that subjects scoring high on the neuroticism scale have been described as being emotionally labile, overresponsive and having difficulty in returning to a normal state after emotional experiences. The Rosenberg Self-Esteem Inventory (Rosenberg, 1968) was a measure of self-esteem.

General Procedures

Following the pre-treatment testing, the forty-six subjects

were randomly assigned to one of four groups. One group of twelve subjects comprised the cognitive restructuring group; another group of twelve subjects comprised the insight-oriented group. Two control groups, waiting list control and placebo control, each had eleven subjects. Although no effort was made to match the treatment group subjects on the criterion measures, a one-way analysis of variance indicated no significant difference between the groups on the pre-tests. A post-treatment assessment was completed after the termination of treatment conditions and occurred approximately five weeks after the initiation of treatment. Further, as a four month follow-up, the groups were reassessed by the criterion measures to determine if levels of neuroticism, self-esteem and depression were different from pre-assessment and post-assessment. In the follow-up 6 subjects were excluded because they could not be contacted, leaving 10 subjects in the cognitive restructuring group, 11 subjects in the insight-oriented group, 10 subjects in the waiting list control group and 9 subjects in the placebo control group.

Description of Treatment

Cognitive Restructuring. The treatment consisted of two phases. The first phase was designed to provide the clients with an explanatory scheme regarding the nature of their self-defeating responses to their divorce. The group met for three hours for the initial session and then two and one-half hours for the next

week. The first half-hour of the initial session was devoted to personal introductions, followed by comprehensive explanations of cognitive restructuring principles and practices. The subjects were given handouts on the subject which were read and discussed at the session. After the first session, subjects were supplied with "A Rational Counseling Primer" (Young, 1974) which explains cognitive restructuring in simpler terms.

At the second meeting, the leader assisted the subjects to identify irrational beliefs reflected in the subjects' own thoughts and beliefs about their divorce experience. Divorce situations were discussed in detail and subjects were requested to ferret out what they were telling themselves about a situation that could be responsible for their neuroticism, lack of self-esteem and depression. The discussion led to the development of eight areas of belief systems from which the subjects reported discomforting thoughts. It was explained that the situations were not in themselves anxiety or depression arousing but that their feelings were a result of maladaptive cognitive responses. They were taught how to replace irrational ideas with a more realistic appraisal of the situations. The therapist played an active role in arguing and convincing the subjects of the irrationality of their self-talk and involved the therapist modeling rational thinking. The eight areas of the subjects' source of concern are described in part with examples of self-statements and verbalizations:

Area 1 (Children) - children would be maladjusted because of unstable home environment, no father figure, possibility of displacement of anger toward children, children not liking them, children wanting to live with father, feeling inadequate in controlling children, fear of having to indulge children while denying themselves, children will lose friends because of stigma of divorce, children's grades being lowered in school.

Area 2 (Finances) - being unable to pay rent, losing job, not being able to provide for children in areas of adequate nutrition, not being able to make payments on property and concern over having to reduce standard of living especially housing.

Area 3 (Daily Hassles) - feeling exhausted due to assumption of having full responsibilities of working, housekeeping and care of children.

Area 4 (Parents and In-Laws) - parents being critical of them, being dependent on parents.

Area 5 (Former Husband) - facing him when he picks up children, husband influencing children, husband not being consistent with child payment, husband not meeting responsibilities toward children, worry that something may happen when kids visit father, getting in an argument with husband.

Area 6 (Failure at Marriage) - feeling personally responsible for failure of marriage, feeling that they failed in satisfying mate, concern that they didn't try hard enough in the marriage,

the break-down of the marriage was due to their own inadequacies.

Area 7 (Rejection) - being rejected by peers at work, being rejected by children's teacher or principal, being rejected by minister, being rejected by friends who maintain contact with former husband, being ignored at parties, social events, and outings, being home alone when children aren't home.

Area 8 (Relationships with Others) - have nothing to offer anybody, will never be happy, cannot sustain relationships, feeling unattractive, fear of dating and fear of intimacy.

In the second phase, the subjects met Monday through Thursday for thirty to forty minutes for two and one-half weeks. The sessions took place at 4 p.m. There were approximately 12 hours of therapy offered. Each session consisted of the therapist leading the group, countering each irrational belief as described in the eight areas and by replacing it with a more rational belief. Subjects participated in imagery based picturing of a scene related to each irrational belief. Subjects were asked to vividly picture a scene related to the irrational belief for two to three minutes and to confront and challenge that belief immediately after with Socratic Dialogue. ("It's really not all that bad."; "I can deal with it."; "I will be able to make it on my own and provide for my children."; "At times I may be uncomfortable but the situation is not awful or unbearable."; etc...) All subjects engaged in dialogue in unison to promote a brainwashing effect. Each subject

was asked to continue to practice cognitive restructuring as homework assignments after each session and to continue to challenge irrational beliefs or awfulizing statements. The purpose of the homework was to practice the strategy of modifying self-talk outside the therapy sessions.

Insight-Oriented Group. This group met twice a week for four weeks for two and one-half hours per session. There were approximately 20 hours of therapy offered. The group was led to self-disclose in a group discussion format with the leader providing focus and structure. The subjects in each group were encouraged to focus on the basis of their concerns over their divorce and the effect that it has had on them. The subjects were informed that the group model would enable them to better understand divorce and its subsequent effects by enabling them to gain insight through self-disclosure of all members. The therapists' role was to facilitate discussion but also to encourage subjects to gain insight into divorce and its effects through the group discussion model.

Placebo Control Group. The group was titled Placebo due to subjects receiving only literature dealing with marital crisis but without the persuading and promoting effect of a therapist. This group was included to determine if individualized reading in suggested therapeutic activities would be as beneficial as the structure and format of a therapist led discussion group.

The placebo treatment was included to determine the degree of improvement which might be attributed to nonspecific treatment effects such as expectation of relief attention and "faith". Every week for a four week period the placebo subjects were telephoned to see if they had read the material, and were informed they should feel better after thinking about the material. They were then contacted for a post-assessment after treatment groups had been terminated.

Waiting List Control Group. This group was included to assess the extent of improvement from a) non-specific therapeutic changes occurring from the environment, b) assessment procedures and c) spontaneous remissions. Those in the control group were not contacted until after the treatment groups were terminated. They were then told a post-assessment was necessary and that therapy would be provided in the future if they so desired. Five people requested treatment and were provided individual counseling.

Results

Each measure was analyzed by an analysis of covariance (ANCOVA). The statistical procedure involves an adjustment of treatment means, pre-test to post test in Table 1 and pre-test to follow-up in Table 2. This analysis adjusts for any differences between treatment groups which existed prior to initiation of treatment and refines estimates of experimental error.

The overall results for ANCOVA showed a significant main

effect for treatment on all dependent measures. The main effect for treatment on the pre-post were Eysenck: $F(3,41) = 21.63$, $p < .001$; Rosenberg: $F(3,41) = 9.43$, $p < .001$; Beck: $F(3,41) = 10.81$, $p < .001$; Lubin: $F(3,41) = 6.16$, $p < .001$. The significant main effect was evident on all measures on the follow-up Eysenck: $F(3,35) = 15.14$, $p < .001$; Rosenberg: $F(3,35) = 9.55$, $p < .001$; Beck: $F(3,35) = 8.82$, $p < .001$; Lubin: $F(3,35) = 9.72$, $p < .001$.

An examination of the orthogonal comparisons shown in Table 3 indicated that the cognitive restructuring group had significantly less traitlike (Beck Scale) and statelike (Lubin Scale) properties of depression. Similarly they had less neuroticism (Eysenck Scale) and a more evident improvement in self-esteem (Rosenberg Scale) at the end of treatment than subjects in either the placebo or waiting list control groups. The significance was evident on both the pre-post and follow-up measures. The insight oriented group also showed significant improvement on all measures on the pre-post comparison in relation to the placebo or waiting list control groups. However, on the follow-up comparison, the insight oriented group showed only a significant improvement over the waiting list control group on the Eysenck Personality Inventory and the Beck Depression Inventory.

Examination of the comparison between the cognitive restructuring and insight oriented treatment groups (Table 1) in the pre-post comparison revealed that the cognitive restructuring therapy seemed

Table 1

Precriterion, Postcriterion and Adjusted Mean Scores for Treatment and Control Groups

Criterion Measure	Treatment Groups											
	COGNITIVE RESTRUCTURING			INSIGHT ORIENTED			PLACEBO CONTROL			WAITING LIST CONTROL		
	PRE	POST	ADJ	PRE	POST	ADJ	PRE	POST	ADJ	PRE	POST	ADJ
Eysenck (Neuroticism)	14.50	9.41	9.46	13.66	10.91	11.31	15.36	15.36	15.05	15.00	14.27	14.11
Rosenberg (self-esteem)	6.00	3.25	3.15	6.00	4.08	3.99	5.72	5.18	5.24	5.54	5.54	5.69
Beck (traitlike depression)	30.16	16.50	15.34	28.00	17.58	17.80	28.00	24.00	24.22	27.09	26.18	26.98
Lubin (state-like depression)	16.66	12.33	12.17	16.58	13.66	13.59	17.27	16.72	15.99	15.45	16.18	17.18

Table 2

Pre-Follow-up Criterion and Adjusted Mean Scores for Treatment
and Control Groups

Criterion Measure	Treatment Groups											
	COGNITIVE RESTRUCTURING			INSIGHT ORIENTED			PLACEBO CONTROL			WAITING LIST CONTROL		
	PRE	FOLLOW UP	ADJ	PRE	FOLLOW UP	ADJ	PRE	FOLLOW UP	ADJ	PRE	FOLLOW UP	ADJ
Eysenck (neuroticism)	14.80	8.70	8.69	13.81	12.54	12.81	15.55	15.00	14.78	15.10	15.20	15.11
Rosenberg (self-esteem)	5.90	3.10	3.06	5.90	5.00	4.95	5.77	5.66	5.68	5.60	5.60	5.69
Beck (traitlike depression)	30.10	19.20	17.99	27.00	19.90	20.52	28.33	24.77	24.61	26.90	29.80	29.12
Lubin (statelike depression)	17.30	11.20	10.59	16.45	16.81	16.92	17.44	17.44	16.71	15.20	17.80	18.96

Table 3

F Values for Orthogonal Comparisons

Criterion Measure	Comparisons between the Groups				
	CR vs IO	CR vs PC	CR vs WLC	IO vs PC	IO vs WLC
Eysenck (neuroticism)					
Pre-Post	5.68*	51.90**	35.91**	23.23**	13.02**
Follow-up	14.67**	32.07**	35.64**	3.36	4.57*
Rosenberg (self-esteem)					
Pre-Post	2.51	15.50**	22.89**	5.54*	10.26**
Follow-up	22.55**	21.67**	21.83**	1.68	1.73
Beck (traitlike depression)					
Pre-Post	1.12	14.58**	25.06**	7.62**	15.58**
Follow-up	0.94	6.47*	18.29**	2.47	10.92**
Lubin (statelike depression)					
Pre-Post	1.21	8.73**	15.01**	3.44	7.71**
Follow-up	14.99**	14.23**	26.62**	.02	1.58

Note - Abbreviations: CR: Cognitive Restructuring, IO: Insight Oriented, PC: Placebo Control, WLC: Waiting List Control

Note: df(1,42) for Pre-Post Measure, df(1,36) for Follow-up Measure
*p=.05, **p=.01

to be more effective than the insight oriented therapy on all measures, although the results were only significant on the Eysenck Personality Inventory. However, on the follow-up measures (Table 2) the results revealed the cognitive restructuring therapy to be significantly more potent than the insight oriented therapy on all measures except the Beck Depression Inventory.

Discussion

This study was designed to answer three primary questions: Is cognitive restructuring an effective treatment for use with divorced women?; Is cognitive restructuring a more effective technique than a psychodynamic insight therapy approach?; Would treatment modalities of cognitive restructuring and the insight oriented treatment remain effective after a four month time period?

The results demonstrated that cognitive restructuring is an effective technique for use with divorced women as changes occurred on all four criterion measures. Of specific interest is the maintenance of improvement after a four month period. The persistence of the improvement suggested that the learning process involved in changing an irrational thought process into a more rational one is not easily eroded over time.

The results also indicate the effectiveness of a psychodynamic insight oriented approach, but the effectiveness is generally not as sustaining as a cognitive restructuring approach. While two measures (Beck and Lubin) were used to assess depression,

improvement for the cognitive restructuring group on the follow-up was more evident on the Lubin Scale, an indication that therapy was more effective in treating transient statelike depression. Conversely, therapy was not as effective in changing the enduring traitlike properties of depression as measured by the Beck Depression Inventory. The process involved in the cognitive restructuring approach may better provide the subject with the educative and self-improvement tools necessary to maintain the benefits of therapy.

While both a cognitive restructuring and a psychodynamic insight oriented approach are superior to no therapy at all, one must consider the economical applications of both. Since the results suggest that cognitive restructuring techniques can provide a sustaining benefit to the subject once the principles are learned, the client may find that approach less costly and more efficient. The benefits of a psychodynamic insight oriented therapy may be equally beneficial while treatment is ongoing, but the benefits to a subject may erode or fail to provide lasting treatment effects once treatment is terminated.

The results of this study serve to further advocate the use of cognitive restructuring as a method which provides subjects with a personal strategy useful in both daily living and imagined situations to decrease irrational cognitions. The study also raised questions about the long term effect of insight oriented therapy used in the present study; however, further study is needed

to substantiate this point. Further research with these techniques should consider other criterion measures and populations. Although the present study attempted to control for some of the experimental bias, replication is needed where the role of additional counselors is employed. Future research should not overlook the importance of follow-up data in studies of this nature.

References

- Baither, R. C., and Godsey, R. (1979). Rational emotive education and relaxation training in large group treatment of test anxiety. Psychological Reports, 45 (1). 326.
- Beck, A. T. (1976). Cognitive therapy and the emotional disorders. New York: International Universities Press.
- Beck, A. T. (1967). Depression, causes and treatment. Philadelphia: University of Pennsylvania Press.
- Ellis, A. (1962). Reason and emotion in psychotherapy. New York: Lyle Stuart.
- Eysenck, H. J., and Eysenck, S. B. J. (1968). Eysenck Personality Inventory. San Diego: Educational and Industrial Testing Service.
- Hindman, M. (1975, Spring). Rational emotive therapy on alcoholism treatment. Alcohol Health and Research World, 13-17.
- Huber, C. H. (1983). Feelings of loss in response to divorce: assessment and intervention. Personnel and Guidance Journal, 61 (6), 357-361.
- Kassinove, H., Miller, N., and Kalin, M. (1980). Effects of pretreatment with rational emotive bibliotherapy and rational emotive audiotape on clients waiting at community mental health center. Psychological Reports, 46 (3), 851-857.
- Lipsky, M., Kassinove, H., and Miller, N. (1980). Effects of rational emotive therapy, rational role reversal and rational

- emotive imagery on the emotional adjustment of community mental health center patients. Journal of Consulting and Clinical Psychology, 48, 366-374.
- Lubin, B. (1967). Lubin Depression Checklist. San Diego: Educational and Industrial Testing Service.
- Meichenbaum, D. (1977). Cognitive Behavior Modification. New York: Plenum.
- Miller, N., and Kassinove, H. (1978). Effects of lecture, rehearsal, written homework and I.Q. on the efficacy of a rational emotive school mental health program. Journal of Community Psychology, 6 (4), 366-373.
- Paul, G. (1965). Insight versus desensitization in psychotherapy: an experiment in anxiety reduction. Stanford, California: Stanford University Press.
- Raimy, V. (1975). Misunderstandings of the self. San Francisco, California: Jossey-Bass.
- Rosen, L., and Nelson, M. W. (1983). Effects of rational and irrational self-verbalizations on performance efficiency and levels of anxiety. Journal of Clinical Psychology, 39, (2), 208-213.
- Rosenberg, M. (1968). Society and the adolescent self-image. Princeton, New Jersey: Princeton University Press.
- Singer, J. L. (1974). Imagery and daydream methods in psychotherapy and behavior modification. New York: Academic Press.

- Wasserman, T. H., and Vogrin, D. G. (1979). Relationship of endorsement of rational beliefs, age, months in treatment and intelligence to overt behavior of emotionally disturbed children. Psychological Reports, 44 (3), 911-917.
- Weiner, H., and Fox, S. (1982). Cognitive-behavior therapy with substance abusers. Social Casework, 63, (9), 564-567.
- Young, H. S. (1974). Rational counseling primer. New York: Institute for Rational Emotive Therapy.

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